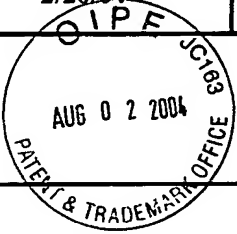
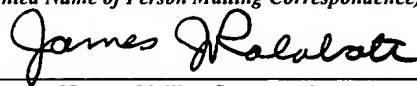
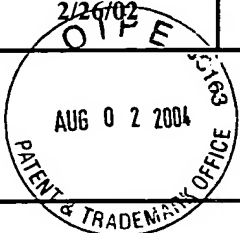



08-02-04

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)			Docket No.	
Applicant(s): Xybernaut Corporation			XIP 90	
Application No. 10/086,166	Filing Date 2/26/04	Examiner LeFlore, Laurel	Customer No. 24321	Group Art Unit 2673
Invention: Display System				
<div style="text-align: center;"> RECEIVED AUG 0 6 2004 Technology Center 2800</div>				
I hereby certify that the following correspondence:				
<div style="border: 1px solid black; padding: 5px;">Amendment After Final Rejection</div>				
<i>(Identify type of correspondence)</i>				
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on				
<div style="text-align: center;">7/29/04 (Date)</div>				
<div style="text-align: center;">James J. Ralabate (Typed or Printed Name of Person Mailing Correspondence)</div>				
<div style="text-align: center;"> (Signature of Person Mailing Correspondence)</div>				
<div style="text-align: center;">EV 394762568US ("Express Mail" Mailing Label Number)</div>				
Note: Each paper must have its own certificate of mailing.				

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. XIP 90	
Applicant(s): XYBERNAUT CORPORATION					
Application No. 10/086,166	Filing Date 2/26/02	Examiner LeFlore, Laurel	Customer No. 24321	Group Art Unit 2673	Confirmation No.
Invention: Display System					
					
COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	-	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	-	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-0080 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: 7/27/04		
JAMES J. RALABATE ATTORNEY FOR APPLICANT 5792 MAIN ST. WILLIAMSVILLE NY 14221 (716) 634-2280			EXPRESS MAIL		
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					
CC:					